

Weekly Debris Management Report

REVISED - SEPTEMBER 15, 2008

The State of Louisiana Comprehensive Plan for Disaster Clean Up and Debris Management mandates that vegetative debris intended for final disposal in a landfill shall be reduced fifty percent by volume and fifty percent by weight prior to transport to the landfill. (See La. R.S. 30:2413.1)

PLEASE SUBMIT COMPLETED FORM TO THE LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY EACH WEEK, STARTING SUNDAY SEPTEMBER 21, 2008. FORMS SHALL BE SUBMITTED NO LATER THAN EACH SUNDAY.

Parish: _____
Site Location: _____
Agency Interest #: _____

Contact Person: _____
Phone Number: _____

Contractor: _____
Phone Number: _____

MONITORING DATES:

	TO	VOLUME	WEIGHT	
			calculated	scale
Volume of Vegetative Debris Received <u>This Week</u> :		cubic yards	tons	tons
Volume of Vegetative Debris Received <u>To Date</u> :		cubic yards	tons	tons
Volume of Vegetative Debris Processed <u>This Week</u> : CHIPPED		cubic yards	tons	tons
BURNED		cubic yards	tons	tons
OTHER		cubic yards	tons	tons
Volume of Vegetative Debris Processed <u>To Date</u> : CHIPPED		cubic yards	tons	tons
BURNED		cubic yards	tons	tons
OTHER		cubic yards	tons	tons
Volume of Vegetative Debris Recycled (Used as Fuel, Etc. - Please Specify _____) <u>This Week</u> :		cubic yards	tons	tons
Volume of Vegetative Debris Recycled (Used as Fuel, Etc. - Please Specify _____) <u>To Date</u> :		cubic yards	tons	tons
Volume of Vegetative Debris Sent to Landfill For Final Disposal <u>This Week</u> :		cubic yards	tons	tons
Volume of Vegetative Debris Sent to Landfill For Final Disposal <u>To Date</u> :		cubic yards	tons	tons

(Use Scale or Divide Cubic Yards by 6 to determine tons . Please See Attached Instructions)

Name of Landfill/Parish Location

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Name/Title of Responsible Party - Typed or Printed

Signature

Date

Please Fax or Email this Form to Kathryn Liuzza, Ph.D.
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Phone: (225) 219-3007